

DEATHS IN ACUTE HOSPITALS STUDY

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
Advisor Assessment Form (AF)

Questionnaire number

INSTRUCTIONS FOR COMPLETION

Please complete all questions with either block capitals or a bold cross inside the boxes provided. If you make a mistake, please "black-out" the box and re-enter the correct information. Unless indicated, please mark only one box per question.

A. PATIENT DETAILS

1. Age 2. Gender Male Female

B. ADMISSION DETAILS Day of week (MON, TUE, etc)

3. Time of arrival (24hr clock) : Date / /
h h m m d d m m y y y y

Not recorded

Not recorded

4. Time of admission (24hr clock) : Date / /
h h m m d d m m y y y y

Not recorded

Not recorded

5. What was the pathway for this admission?

Admission via Emergency Department

Referral from a General Medical or Dental Practitioner

Admission following a previous outpatient consultation

Date of outpatient attendance / / Not recorded

Walk in clinic

Transfer as an inpatient from another hospital

Tertiary (same specialty)

Tertiary (other specialty)

Self-referral by patient

Transferred from a nursing home

Planned re-admission/routine follow-up procedure

Un-planned re-admission following day case or outpatient procedure

Un-planned admission following day case or outpatient procedure

Other Unable to answer

6. To what type of area was the patient first admitted (tick one box only)

Level 3

Level 2

Specialist ward

General ward

Other

Unable to answer





7. a. Is there evidence that this admission was delayed?

- Yes No N/A Unable to answer

7. b. If YES, please expand upon your answer:

8. a. Is there evidence that this admission was cancelled on a previous occasion?

- Yes No N/A Unable to answer

8. b. If YES, please expand upon your answer:

9. a. Was this case an emergency admission?

- Yes No Unable to answer

9. b. If NO, did the patient spend time on a waiting list for this admission?

- Yes No N/A Unable to answer

9. c. If YES, in your opinion, did the time spent on a waiting list affect the outcome of this patient?

- Yes No N/A Unable to answer

9. d. If YES, please expand upon your answer:

10. a. In your opinion, was the patient admitted to the most appropriate specialty?

- Yes No Unable to answer

10. b. If NO, in your opinion, did this have a significant effect on clinical outcome?

- Yes No Unable to answer

11. a. If the patient was not admitted to the appropriate specialty, was the patient transferred to an appropriate specialty at a later time?

- Yes No Unable to answer

11. b. If YES, what was the date, time and specialty?

Date: / / Not recorded

Time: . Not recorded

Specialty: Not recorded



C. INITIAL ASSESSMENT

12. What was the time interval between arrival and assessment (excluding triage)?

Time in minutes Unable to answer

13. What was the date, time, grade and specialty of the first clinician review?
(when first arrived, excluding triage)

Date: / / Specialty:
 Not recorded Not recorded

Time: . Grade:
 Not recorded Not recorded

14. What was the date and time of the first consultant review? (may include review at o/p if on day of admission)

Date: / / Specialty:
 Not recorded Not recorded

Time: . Not recorded

15. What was the location of the first consultant review?

Emergency Department General ward
 Level 3 Other
 Level 2 Unable to answer
 Specialist ward

16. Is there evidence of a delay in the patient being assessed by a consultant?

Yes No Grade not recorded Unable to answer

17. Was the initial assessment process for this patient's condition carried out in a timely manner?

Yes No Unable to answer

18. Was there evidence of a clear management plan?

Yes No Unable to answer

Questions 19-22 relate to treatments undertaken immediately following admission:

19. Were the initial management steps appropriate?

Yes No Unable to answer





20. a. Were there any omissions in the initial management?

Yes No Unable to answer

20. b. If YES, please expand upon your answer

21. a. Were there any complications?

Yes No Unable to answer

21. b. If YES, in your opinion, were these avoidable?

Yes No Unable to answer

21. c. If YES, please expand upon your answer

22. a. Were there any invasive interventions performed, with the exception of any operative procedure or associated anaesthetic?

Yes No Unable to answer

If YES, go to question 22b If NO, go to question 23

22. b. Were they appropriate?

Yes No Unable to answer

22. c. Were they timely?

Yes No Unable to answer

22. d. Were there any complications?

Yes No Unable to answer

22. e. If YES, were these complications avoidable?

Yes No Unable to answer

22. f. Was there evidence of junior staff asking for help from senior staff?

Yes No Unable to answer

22. g. Was there appropriate supervision?

Yes No Unable to answer

22. h. In your opinion, was the level of supervision of junior staff in this case satisfactory?

Yes No Unable to answer





D. INVESTIGATIONS

23. a. In your opinion were all the essential investigations on admission performed?

Yes No Unable to answer

23. b. If NO, please expand upon your answer

24. In your opinion, did any deficiencies in investigations have a significant effect on outcome?

Yes No Unable to answer

25. a. In your opinion, were any inappropriate investigations performed?

Yes No Unable to answer

25. b. If YES, in your opinion did this have a significant effect on outcome?

Yes No Unable to answer

26. Is there any evidence from the casenotes of any delays in the undertaking of investigations?

Yes No Unable to answer

27. Is there any evidence in the casenotes of any delays in the obtaining of investigations?

Yes No Unable to answer

28. If YES, in your opinion, did the delay have a significant effect on clinical outcome?

Yes No Unable to answer

E. FIRST OPERATION / PROCEDURE

29. Did the patient undergo an operation/procedure?

Yes No

If NO, go to section G

30. If YES, was the operation performed in a timely manner?

Yes No Time not recorded Unable to answer

The surgeon/operator

31. a. In your opinion, was the grade and experience of the most senior surgeon/operator appropriate?

Yes No Unable to answer





31. b. If NO, please expand upon your answer:

32. a. In your opinion, was the specialty of the most senior surgeon/operator appropriate?

Yes No Unable to answer

32. b. If NO, please expand upon your answer:

33. If the surgeon/operator was not a consultant, what grade were they?

34. If the surgeon/operator was not a consultant, was the level of supervision adequate?

Yes No Unable to answer

35. How was this supervision given?

In theatre/endoscopy suite etc. By telephone In hospital

Other

36. Where did the patient go after the operation (following recovery area if used)?

Level 3 Specialist ward Other
 Level 2 General ward Unable to answer

37. Where SHOULD the patient have gone after the operation (following recovery area if used)?

Level 3
 Level 2
 Specialist ward
 General ward
 Other

38. a. In your opinion, was the medical management of this patient prior to the operation appropriate?

Yes No Unable to answer

38. b. If NO, please expand upon your answer





39. Please grade the quality of documentation of the surgical note:

- Not returned
- Good (all aspects of the documentation were well presented and easy to read)
- Satisfactory (most aspects of the documentation were well presented and easy to read)
- Poor (many aspects of the documentation were presented unclearly and difficult to read)
- Unacceptable (unable to read the majority of the documentation)

40. a. Did the patient have any significant comorbidities on admission?

- Yes
- No
- Unable to answer

40. b. If YES, please list them

41. a. In your opinion, did the patient develop any additional comorbidities during this admission?

- Yes
- No
- Unable to answer

41. b. If YES, please list them

42. a. If you answered YES to Q39 or Q40, in your opinion did the management of these pre-operatively/pre-procedurally compromise patient care?

- Yes
- No
- Unable to answer

42. b. If YES, please expand upon your answer:

43. a. Were there any complications either immediately before, during or after the procedure (until death)?

- Yes
- No
- Unable to answer

43. b. If YES, please expand upon your answer:

43. c. Were any of these complications avoidable?

- Yes
- No
- Unable to answer

43. d. If YES, please expand upon your answer:

44. Did these complications adversely affect outcome of the patient?

- Yes
- No
- Unable to answer





F. ANAESTHETIC MANAGEMENT

Pre-operative preparation

45. Is there evidence of a pre-admission anaesthetic assessment of the patient?

Yes No Unable to answer

46. Is there evidence that an anaesthetist assessed the patient, during this admission, prior to the operation?

Yes No Unable to answer

47. a. Was the patient's clinical condition adequately optimised pre-operatively?

Yes No Unable to answer

47. b. If NO, what deficiencies were there in the pre-operative preparation?

48. Is there evidence that the anaesthetist provided information to the patient regarding the anaesthetic?

Yes No Unable to answer

49. a. In your opinion, was the grade and experience of the most senior anaesthetist appropriate for the anaesthetic care of the patient?

Yes No Unable to answer

49. b. If NO, please expand upon your answer:

50. a. In your opinion, was the specialty of the most senior anaesthetist appropriate?

Yes No Unable to answer

50. b. If NO, please expand upon your answer:

51. If the anaesthetist was not a consultant, what grade of anaesthetist anaesthetised the patient?

52. If the anaesthetist was not a consultant, was the level of supervision adequate?

Yes No Unable to answer





53. How was this supervision given?

In the anaesthetic room

By telephone

In the theatre/endoscopy suite

Unable to answer

In the hospital

Other

The anaesthetic chart

54. Was the grade of the anaesthetist recorded?

Yes

No

Not returned

55. In your opinion, please grade the quality of documentation the anaesthetic chart

Good (all aspects of the documentation were well presented and easy to read)

Satisfactory (most aspects of the documentation were well presented and easy to read)

Poor (many aspects of the documentation were presented unclearly and difficult to read)

Unacceptable (unable to read the majority of the documentation)

Peri-operative fluid management

56. Did the patient have satisfactory intravenous fluid management during the operation?

Yes

No

Unable to answer

Monitoring

57. a. Did the patient have adequate physiological monitoring?

Yes

No

Unable to answer

57. b. If NO, what additional parameters should have been monitored?

ECG

Ventilation volume

Pulse oximetry

Ventilation disconnect

Indirect BP

Neuromuscular blockade

Direct BP

Temperature (please state site)

Expired CO2 analyser

O2 analyser

Urine output

Anaesthetic vapour

CVP

Airway pressure

Pulmonary arterial pressure

Pulmonary arterial pressure

Other





58. Please comment on any other aspects of inadequate monitoring

Anaesthetic technique

59. a. Was the anaesthetic appropriate for the patient?

Yes No Unable to answer

59. b. If NO, please expand upon your answer:

60. a. Did any airway problems occur during the anaesthetic of this patient?

Yes No Unable to answer

60. b. If YES, were the airway problems managed appropriately?

Yes No Unable to answer

60. c. If NO, please expand upon your answer:

61. a. Did the patient receive appropriate analgesia post-operatively?

Yes No Unable to answer

61. b. If NO, please expand upon your answer:

62. a. During the period of admission were there any complications?

Yes No Unable to answer

62. b. If YES, please expand upon your answer:

62. c. If YES, did this impact on the outcome of the patient?

Yes No Unable to answer



G. TEAM WORKING - DURING THE WHOLE ADMISSION

63. Did junior staff seek advice from senior staff as required?

- Yes No Grades not recorded Unable to answer

64. a. In your opinion was there evidence of lack of communication?

- No Between grades of doctors
 Within specialties Between doctors and nurses
 Between specialties Between nurses and allied health professionals

64. b. Please expand upon your answer:

65. a. In your opinion, did the scheduling of the patients operation affect outcome?

- Yes No Unable to answer N/A

65. b. If YES, please expand upon your answer:

66. Is there evidence in the casenotes that a palliative care team was involved?

- Yes No Insufficient data N/A

67. In your opinion, were palliative care involved at an appropriate time?

- Yes No Unable to answer N/A

68. Is there evidence in the casenotes of: (Please tick all that apply)

- Advanced directive
 Preferred place of care certificate
 End of Life Pathway
 DNAR order

69. What grade of doctor signed the DNAR order? Unable to answer

70. If a DNAR order was received, is there any evidence that it was discussed with:

- The patient Yes No Unable to answer N/A
 The patient's relatives Yes No Unable to answer





H. RADIOLOGY

71. a. If radiology investigations were undertaken during this admission, were these, in your opinion, appropriate?

Yes No Unable to answer

71. b. If NO, please expand upon your answer:

72. a. Were these investigations carried out in suitable timely manner for the appropriateness of the patient?

Yes No Time not recorded Unable to answer

72. b. If NO, please expand upon your answer:

I. CONSENT

73. a. Should there be a consent form for an operation/procedure in the casenotes?

Yes No

If YES, go to question 72.b. If NO, go to section J

73. b. Was the correct signed consent form(s) in the notes?

Yes No Unable to answer

73. c. What grade of doctor obtained consent? Grade not recorded

74. In your opinion, was this grade of doctor appropriate?

Yes No Unable to answer

75. a. Was the consent form completed adequately?

Yes No Unable to answer

75. b. If NO, please expand upon your answer:

76. a. In your opinion, did the patient receive sufficient information to give informed consent?

Yes No Unable to answer





76. b. If YES, please expand upon your answer:

J. DEATH

77. a. What was the final diagnosis of this patient?

77. b. In your opinion was this correct?

Yes No Unable to answer

77. c. If NO, please expand upon your answer:

78. Where did the death occur?

Anaesthetic Room General ward
 Level 3 Theatre
 Level 2 Recovery room
 Specialist ward Other (please specify)

79. a. In your opinion, if a medical certificate of cause of death (MCCD) was completed [as apposed to a coronial or hospital autopsy being performed and providing the cause of death], was the cause of death filled in correctly on the death certificate, from the information available?

Yes No Unable to answer No death certificate sent

79. b. If NO, would you have filled it in differently?

Yes No Unable to answer

79. c. Please expand upon your answer:

80. a. Was an autopsy was performed?

Yes No Unable to answer

80. b. If YES, were there any unexpected findings?

Yes No Unable to answer





80. c. If YES, please expand upon your answer:

81. a. Was this case discussed at a morbidity and mortality meeting?

Yes No Unable to answer

81. b. If not, in your opinion should it have been?

Yes No Unable to answer

81. c. If YES, please expand upon your answer:

OVERALL ASSESSMENT

82. Overall assessment of care for this patient (please select one category only)

- Good practice - a standard of care you would expect from yourself, your trainees and your institution
- Room for improvement: aspects of **clinical** care that could have been better
- Room for improvement: aspects of **organisational** care that could have been better
- Room for improvement: aspects of **clinical and organisational** care that could have been better
- Less than satisfactory: several aspects of **clinical and/or organisational** care that were well below a standard that you would expect from yourself, your trainees and institution
- Insufficient data

Please provide reasons for assigning this grade:



Are there any particular issues which you feel should be highlighted in the final report?

Yes

No

If YES, please specify:

Cause for concern cases

Occasionally NCEPOD will refer cases that have been identified as 5 (Less than satisfactory) when it is felt that further feedback to the Trust concerned is warranted. This is usually due to an area of concern particular to the hospital or clinician involved, and not for issues being highlighted across the body of case notes. In cases that are referred, the advisors have concerns that the pattern of practice fell below a standard, which indicates that the practitioner or team or Trust is likely to put future patients at risk, if not addressed. This process has been agreed by the NCEPOD Steering Group and the GMC. The Medical Director of the Trust is written to by the Chief Executive of NCEPOD explaining our concerns. This process has been in operation for four years and the responses received have always been positive in that they feel we are dealing with concerns in the most appropriate manner.

If you feel that this case should be considered for such action please check this box:

GRADES

FY 1

PRHO

FY 2

SHO

SPR 1, 2, 3 etc

NUR - specialist nurse/ nurse consultant

CON

NCCG

